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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Douglas MORAN	Examiner:	Ronald BAUM
Application No.:	09/651,303	Art Unit:	2136
Filed:	August 30, 2000	Docket No.:	RECOP012
Title:	EXTENSIBLE INTRUSION DETECTION SYSTEM		

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Technology Center 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

10-14-2004, 2004. Vicki Lorist

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

- a. ☐ Previously submitted:
- ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on \_\_\_\_\_
  - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - ☐ Other \_\_\_\_\_
- b. Enclosed:
- ☒ Amendment/Reply
  - ☐ Affidavit(s)/Declaration(s)
  - ☐ Information Disclosure Statement (IDS)
  - ☐ Other

10/19/2004 EFLDRES 00000089 09651303 790.00 0P  
01 FC:1801

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

	Claims filed with RCE			Present Extra	Small Entity			Large Entity	
					Rate	Additional Fee		Rate	Additional Fee
Total Claims	21	Less	20	1	x \$9 = \$		OR	x \$18 = \$	18
Indep Claims	3	Less	03		x \$44 = \$		OR	x \$88 = \$	
RCE Filing Fee					x \$395		OR	x \$790	790
[ ] Multiple Dependent claim Present & Fee Not previously paid					x \$150 = \$		OR	x \$300 = \$	
					TOTAL \$			TOTAL \$	808

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months.
- b. ☐ Other \_\_\_\_\_
3. ☒ Applicant hereby petitions for a **ONE** month extension of time.
4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. **1448** in the amount of **\$918** [**\$808** to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee] and **\$110** [extension of time fees].
6. ☐ Please charge Deposit Account No. 50-0685 ( ) in the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (RECOP012).
8. ☐ Applicant Initiated Interview Request Form.
9. ☒ Please continue to send correspondence to the following address:

**CUSTOMER NO. 21912**  
**VAN PELT & YI LLP**  
 10050 N. Foothill Blvd., Ste. 200  
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 Tel (408) 973-2585 Fax (408) 973-2585

Date: 10/14/04

William J. James  
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